

WASTE AUDIT APPLICATION

Name:			
Address:			
Contact Telephone Number:			
Number Of Adults (18 And Over) Permanently Living In The Household:			
Number Of Children And Age(s) Living In The Household: (Please Indicate If Disposable Nappies Are Used)			
Reason For Request:			

PLEASE CONFIRM (BY TICKING EITHER YES OR NO) THAT YOU ARE USING ALL THE FOLLOWING SERVICES TO MANAGE YOUR WASTE:

(Please Refer To The Council Recycling Guide For Further Details On These Services)

Green 23L Caddy	Food Waste	Yes		No	
Recycling Trolley					
Top Box	Paper and Card	Yes		No	
Middle Box	Mixed Household Plastics & Cans e.g. bottles, tubs, food trays, tins, cans	Yes		No	
Bottom Box	Glass Bottles & Jars, Household Batteries and Small Electricals	Yes		No	
Brown Bin	Garden Waste	Yes		No	
Recycling Centres	Large Plastics, Tyres, Books, Soil, Rubble, Plasterboard, Oil, Light Bulbs, Wood, Carpets, Gas Bottles, Large Electricals	Yes		No	

Despite Following Our Hints And Tips, Are You Producing More Waste Than The Green Bin Will Hold?	Yes		No	
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Signed: _____ Date: / /

Waste Diary Week 1

1. Keep a score of the number of times that you place waste in each container.
2. You will see which items you throw away the most. Target these items first to reduce your waste.
3. Look at the amount of your waste collected by the Council Waste Collection Teams each week and try to reduce the number of items in the green bin.

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 1? $\frac{1}{4}$; $\frac{1}{2}$; $\frac{3}{4}$; Full or Excess
Green Caddy (Food Waste)								
Top Box (Paper & card)								
Red Box (Plastic bottles containers, tins cans)								
Bottom Box (Glass Bottles & Jars, Household Batteries, Small Electricals, Bagged Textiles)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?

Yes

No

If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin. If you need any additional recycling containers these will be supplied

| Waste Diary Week 2

Which day was the container used and score how many times Which container was used?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	How full was each container at the end of Week 2? $\frac{1}{4}$; $\frac{1}{2}$; $\frac{3}{4}$; Full or Excess
Green Caddy (Food Waste)								
Top Box (Paper & card)								
Red Box (Plastic bottles containers, tins & cans)								
Bottom Box (Glass Bottles & Jars, Household Batteries, Small Electricals, Bagged Textiles)								
Brown Bin (if applicable) (Garden Waste)								
Green Bin (Non-Recyclable Items)								

Was there any excess waste that could not fit into any of the containers at the end of the week (tick yes or no)?								Yes		No	
If yes, and to enable us to assist you, please detail the main items you are placing in your waste bin. If you need any additional recycling containers these will be supplied											
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Any other comments:											